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	m 486 - ©1774: Annual Reporting Hection Form	Conform (1) - OMEControl No July 2013	E0000-0986/07/IEX Control (1) 050-0339
<010>	Study Area Code	249006	
<015>	Study Area Name	Affordable Phone Service	<u> </u>
<020>	Program Year	2014	,
<030>	Contact Name: Person USAC should contact with questions about this data	Joel Leonard	· · · · · · · · · · · · · · · · · · ·
<035>	Contact Telephone Number: Number of the person identified in data line <030	352-233-2717	
<039>	Contact Email Address: Email of the person identified in data line <030>	jleonard.compliance@affordableprepaid.com	
ÁNNÚA	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice) < check box if	(complete attached worksheet) no outages to report	
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive document) (attach descriptive document)	
<400> <410> <420> <430> <440>	Number of Complaints per 1,000 customers (voice Fixed Mobile Number of Complaints per 1,000 customers (broat Fixed Mobile		
<710> <800> <900> <1000> <1010> <11100> <1110>	Service Quality Standards & Consumer Protection Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005>	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price Cap Additional Including Rate-of-Return Carriers affiliated with Price Cap Rate Return Carriers affiliated with Price Rate Return Carriers affiliated with Price Cap Rate Return Carriers affiliated with Price Rate Return Carriers affiliated with Price Rate Rate Return Carriers affiliated with Price Rate Rate Rate Rate Rate Rate Rate Rat	rice Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)	
<3000> <3005>	Rate of Return Carriers, Proceed to <u>ROR Addition</u>	al Documentation Worksheet (check to indicate certification) (complete attached worksheet)	
			K WALLEY WITH

(100) Se Data Co	ervice Quality improvement Reporting	FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 24900	6
<015>	Study Area Name	dable Phone Service
<020>	Program Year 20	
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard
<035>	Contact Telephone Number - Number of person identified in data line <030	0. 352.231.2312
<039>	Contact Email Address - Email Address of person identified in data line <03	On Stanmard and Stanford
	The state of the s	J. Stevierd. Compriance@affordableprepaid.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5	(yes / 110.) O
<111>	year plan" filed with the FCC?	(yes / no) ()
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If you CETC which only receives frozen support, your progress report is only required to address voice telephony service.	of
1	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113> 1	Maps detailing progress towards meeting plan targets	
<114> F	Report how much universal service (USF) support was received	\ L_
<115> H	How (USF) was used to improve service quality	├ ╞═ ╅╴┤
<116> }	How (USF)was used to improve service coverage	
<117> +	How (USF) was used to improve service capacity	
<118> F	Provide an explanation of network improvement targets not met n the prior calendar year.	

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(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249006			
<015>	Study Area Name	Affordable Phone Service			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard			
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 352-233-2717				
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> jleonard.compliance@affordableprepaid.com				

220>	<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
		 			-							
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<010>	Study Area Code	249006
<015>	Study Area Name	Affordable Phone Service
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard
<035>	Contact Telephone Number - Number of person identified in data line <030>	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <030>	leonard.compliance@affordableprepaid.com
<701>	Residential Local Service Charge Effective Date 1/1/2013	
<702>	Single State-wide Residential Local Service Charge	

	<a1> / **</a1>	(taZ)	√ 1 <33>	<b1></b1>	 b2>	d3>]	<bs></bs> <bs></bs> <	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate			Mandatory Extended Area	
H	State	Exchange (IEEC)	SAC (CETC)	nate Type	Service nate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
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1730) Broadband Price Offerings Date Collection Form OMB Control No. 3050-088/ OMB Control No. 3050-088/ Adiy 2018
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<010>	Study Area Code	249006
<015>	Study Area Name	Affordable Phone Service
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard
<035>	Contact Telephone Number - Number of person identified in data line <03	30> 352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <0.	30> jleonard.compliance@affordableprepaid.com

>	<a>> <a>= <a>= <a>= <a>= <a>= <a>= <a>=	**************************************	 4) 4	<b2></b2>	140	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
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	(A) (2) 11 (3) 11 (4) 11 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	阿利斯斯斯	OMB Control No. 3060-0986/OMB control No. 3060-0519 (401/2013)
	A THE PERSON OF	学 (40) 10 (10) 10 (10)	Lichy 2013 11 3 28 27 38 40 46 48 48 48 48 48 48 48 48 48 48 48 48 48
<010>	Study Area Code 249006		
<015>	Study Area Name		
<020>	Program Year Attordable Phone	Service	
<030>	Contact Name - Person USAC chauld a cha	····	
<035>	Contact Telephone Number - Number of several fields this data		
<039>	Contact Telephone Number - Number of person identified in data line <030> 352-233-2717		
	Contact Email Address - Email Address of person identified in data line <030> jleonard.comp	llance@affordablepre	paid.com
<810>	Reporting Carrier Affordable Phone Services, Inc.		
<811>	Holding Company		
<812>	Operating Company		
	operating company		
∠013\ [‡]			
<013> ₹	(91)	(a2> □ A1√	43×100 (43×100
	Affiliates		
-		SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting	FOC Form 481 S. OMB Control No. 3060-0986/OMB Control No. 3060-0919
	是 以 是在1995年,1995年,1995年,1995年,1995年	July 2013
<010>	Study Area Code	249006
<015> <020>	Study Area Name	Affordable Phone Service
<030>	Program Year Contact Name - Person USAC should contact regarding this data	2014
<035>	Contact Telephone Number - Number of person identified in data line	Joel Leonard
<039>	Contact Email Address - Email Address of person identified in data line	
	Email: radiess of person identified in data life	<pre><030> jleonard.compliance@affordableprepaid.com</pre>
<910>	Tribal Land(s) on which ETC Serves	
		<u> </u>
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes, No, NA) for	
	each these boxes to confirm the status described on the attached	
	PDF, on line 920, demonstrates coordination with the Tribal	
	government pursuant to § 54.313(a)(9) includes:	
		Select
		(Yes,No,
		NA)
<921>	Needs assessment and deployment planning with a focus on Tribal	
	community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) N	o Terrestrial Backhaul Reporting	
	ection Form	FCC Form 481
到 想	自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自	OMB Control No. 3060-0986/OMB (control No. 3060-0816)
		101/2015
<010>	Study Area Code	249006
<015>	Study Area Name	Affordable Phone Service
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard
<035>	Contact Telephone Number - Number of person identified in data line <030>	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <030>	jleonard.compliance@affordableprepaid.com
		Jeronara Compitancewallotuableprepaid.com
	Please check this box to confirm no terrestrial backhaul	
<1120>	options exist within the supported area pursuant to § 54.313(G)	
	, , , , , , , , , , , , , , , , , , , ,	
	Please check this box to confirm the reporting carrier offers	
<1130>	broadband service of at least 1 Mbps downstream and 256 kbps	
121302	upstream within the supported area pursuant to § 54.313(G)	
	, , , , , , , , , , , , , , , , , , , ,	

Lifeline		IFEC Form 481 QME control No. 20050-0986/GME control No. 3050-0819
Data Col	lection form	July 2013
<010>	Study Area Code	249006
<015>	Study Area Name	Affordable Phone Service
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joel Leonard
<035>	Contact Telephone Number - Number of person identified in data i	
<039>	Contact Email Address - Email Address of person identified in data	line <030> jleonard.compliance@affordableprepaid.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Affordable Phone Services Inc dba Affordable Wireless Terms and Conditions 10
<1220>	Link to Public Website	Name of attached document (.pdf) HTTP
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

CHECK the boxes	Area Code Area Name	Associated and the service of the se
### Collections ####################################	Area Code Area Name	49006 Iffordable Phone Service 014 Del Leonard 352-233-2717 Jleonard.compliance@affordableprepaid.com Inca Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
Color Color	Area Code Area Name	49006 Iffordable Phone Service 014 Del Leonard 352-233-2717 Jleonard.compliance@affordableprepaid.com Inca Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
<010> Study. <015> Study. <015> Study. <020> Progra <030> Contac <035> Contac <035> Contac <031> Contac <032> Contac <032> Contac <0320	Area Code Area Name	49006 If fordable Phone Service 014 oel Leonard 352-213-2717 jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
C015> Study. C020> Progra C030> Contac C035> Contac C035> Contac C039> Contac HECK the boxes Increm 2010> 2011> Price C 2012> 2013> 2014>	Area Name Area N	Iffordable Phone Service 014 014 01 Leonard 352-233-2717 jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
<015> Study. <020> Progra <030> Contac <0335> Contac <0339> Contac <0339> Contac <0339> Contac <0310> Contac Price C <2012> <2013> <2014>	Area Name Area N	Iffordable Phone Service 014 014 01 Leonard 352-233-2717 jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
<020> Progra <030> Contac <035> Contac <039> Contac HECK the boxes Increm <2010> <2011> Price C <2012> <2013> <2014>	Im Year It Name - Person USAC should contact regarding this data Joe It Telephone Number - Number of person identified in data line <030> It Telephone Number - Number of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in da	oel Leonard 352-233-2717 jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
CO30> Contac CO35> Contac CO35> Contac CO39> Contac HECK the boxes Increm 2010- 2011> Price C 2012> 2013- 2014>	to Name - Person USAC should contact regarding this data Joet Telephone Number - Number of person identified in data line <030> It Telephone Number - Number of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> It Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Email Address of person identified in data line <030> In Email Address - Emai	pel Leonard 352-233-2717 jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
CO35> Contac CO39> Contac HECK the boxes Increm (2010> 2011> Price C (2012> 2013> 2014>	the telephone Number - Number of person identified in data line <030> the Email Address - Email Address of person identified in data line <030> the Email Address - Email Address of person identified in data line <030> the below to note compliance as a recipient of incremental Connect America person as set forth in 47 CFR § 54.313(b),(c),(d),(d),(d),(d),(d),(d),(d),(d),(d),(d	352-233-2717 jleonard.compliance@affordableprepaid.com fleonard.compliance@affordableprepaid.com fleonard.compliance@affordableprepaid.com fleonard.compliance@affordableprepaid.com
HECK the boxes Increm (2010) (2011) Price C (2012) (2013) (2014)	the temail Address - Email Address of person identified in data line <030> below to note compliance as a recipient of incremental Connect America support as set forth in 47 CFR § 54.313(b),(c),(d),(d),(d),(d),(d),(d),(d),(d),(d),(d	jleonard.compliance@affordableprepaid.com rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
Increm 2011> Price C 2012> 2013> 2014>	is below to note compliance as a recipient of incremental Connect American Support as set forth in 47 CFR § 54.313(b),(c),(d),(f),(f),(f),(f),(f),(f),(f),(f),(f),(f	rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II
increm (2010> (2011> Price Co (2012> (2013> (2014>	support as set forth in 47 CFR § 54.313(b),(c),(d),(i sental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) (ap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II (e) the information reported on this form and in the documents attached below is accurate.
Increm <2010> <2011> Price Co <2012> <2013> <2014>	support as set forth in 47 CFR § 54.313(b),(c),(d),(i sental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) (ap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase Ii (e) the information reported on this form and in the documents attached below is accurate.
Increm <2010> <2011> Price Co <2012> <2013> <2014>	support as set forth in 47 CFR § 54.313(b),(c),(d),(i sental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) (ap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II (e) the information reported on this form and in the documents attached below is accurate.
Increm <2010> <2011> Price Co <2012> <2013> <2014>	support as set forth in 47 CFR § 54.313(b),(c),(d),(i sental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) (ap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	(e) the information reported on this form and in the documents attached below is accurate.
2010> 2011> Price C 2012> 2013> 2014>	nental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) sap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	
2010> 2011> Price C 2012> 2013> 2014>	2nd Year Certification {47 CFR § 54.313(b)(1)} 3rd Year Certification {47 CFR § 54.313(b)(2}) ap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Certification	
2010> 2011> Price C 2012> 2013> 2014>	2nd Year Certification {47 CFR § 54.313(b)(1)} 3rd Year Certification {47 CFR § 54.313(b)(2}) ap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Certification	
2011> Price Co 2012> 2013> 2014>	3rd Year Certification (47 CFR § 54.313(b)(2)) ap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	
Price C 2012> 2013> 2014>	cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	
2012> 2013> 2014>	2013 Frozen Support Certification	_
2012> 2013> 2014>	2013 Frozen Support Certification	
2013> 2014>		
2014>	2014 Frozen Support Certification	├ ─┤
	2015 Frozen Support Certification	├
	2016 and future Frozen Support Certification	├ ─- -
Price C	ap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
	Certification Support Used to Build Broadband	
	ct America Phase II Reporting {47 CFR § 54.313(e)}	
	3rd year Broadband Service Certification	<u> </u>
	5th year Broadband Service Certification	
	Interim Progress Certification	
	Please check the box to confirm that the attached PDF, on line 2021,	· · · · · · · · · · · · · · · · · · ·
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a re	
	of CAF Phase II support shall provide the number, names, and addresses	
	community anchor institutions to which began providing access to broa	adband
	service in the preceding calendar year.	
2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
		

(300c) R Deta Co	ate Of Setum Certier Additional Degumentation lection form		CCF Form 453 DMF Cantrol No. 3020-3044 OMS Cantrol No. 3060-0415 T July 2013
	Study Area Code 24 9006		-
<010> <015>	Stady Alea Code	e Phone Service	
<020>	Program Year 2014	e Phone Service	
<030>		1 Leonard	· · · · · · · · · · · · · · · · · · ·
<035>	Contact Telephone Number - Number of person identified in data line <030>	352-253-2717	·
<039>	Contact Email Address - Email Address of person identified in data line <030>	ileonard.compliance@affordableprepaid.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that til Progress Report on 5 Year Plan	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring he information reported on this form and in the documents attac	compliance with the financial reporting requirements set forth in 47 hed below is accurate.
(20-0)			
(3010)		Name of Attached Document Listing Required Information	
	Please check this box to confirm that the attached PDF, on line 3012,		
(3011)	contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	•	(Yes/No)
(3014)	If yes, does your company file the RUS annual report. Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires. Electronic copy of their annual RUS reports (Operating Report for		(Yes/No)
	Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
			the state of the s
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		{Yes/No}
	: Either a copy of their audited financial statement; or (2) a financial report		_
(3019)	in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
(3022)	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023) (3024)	Underlying information subjected to a review by an independent certified public accountant		
	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	llon Reporting Carr Certon Form		FCC form 481. OMB Control No. 3060-0986 (oMB control No. 3060-0816)
200		以影响的 2 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	July 2013
_<010>	Study Area Code	249006	 -
<015>	Study Area Name	Affordable Phone Service	
<020>	Program Year	2014	
<030>	Contact Name - Pers	on USAC should contact regarding this data Joel Leonard	
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 352-233-2717	
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> jleonard.compliance@	paffordableprepaid.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Affordable Phone Service		
Signature of Authorized Officer: CERTIFIED ONLINE	Date	
Printed name of Authorized Officer: Joel Leonard		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: 352-233-2717		
Study Area Code of Reporting Carrier: 249006	Filing Due Date for this form: 10/15/2013	

	ion: Agent/Agirier eddon som	FCC Form 451 JMB Control No. 3060-0386/GMB Control No. 3060-0319 July 2013
<010>	Study Area Code	249006
<015>	Study Area Name	Affordable Phone Service
<020>	Program Year	2014
<030>	Contact Name - Person U	AC should contact regarding this data Joel Leonard
<035>	Contact Telephone Numb	er - Number of person identified in data line <030> 352-233-2717
<039>	Contact Email Address - E	nail Address of person identified in data line <030> jleonard.compliance@affordableprepaid.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrials of certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual	Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agent:		
Study Area Code of Reporting Carrier: Filing D	ne Date for this form:	

Attachments